

1865

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH
 County Gila State Territory of Arizona
 District or Township _____ or Village Payson
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

2. Full name of child Nina Nash

3. Sex of Child Female To be answered ONLY in event of plural births. }
 4. Twin, triplet or other. _____ }
 5. No., in order of birth. _____ }
 6. Legitimate? Yes }
 7. Date of birth June 26, 1881.
 Month Day Year

8. FATHER Full name <u>Lafayette P. Nash,</u>		14. MOTHER Full maiden name <u>Mary Elizabeth Birdsall,</u>	
9. Residence (Usual place of abode) <u>Payson, Arizona.</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Payson, Arizona.</u> If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Delaware,</u> (State or country) <u>Ohio.</u>		18. Birthplace (city or place) <u>Delaware,</u> (State or country) <u>Ohio.</u>	
13. Occupation <u>Mining</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature William Craig
Residing in 1881, and now residing
at Payson, Arizona
Address _____
Filed 6/15/81 Registrar W. H. Risse

Given name added from a supplemental report. _____
Month, day, year _____
Registrar. W. H. Risse

575-626-473